

Nursing Update 2006

Sandra Haldane, Chief Nurse
Celissa Stephens, Nurse Consultant

Stephen Casanova, NNLC Chair

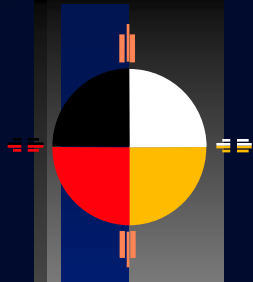
Judy Enyart, Nurse Recruiter

Regena Dale, Nurse Recruiter

Jeannette Yazzie, Nurse Recruiter

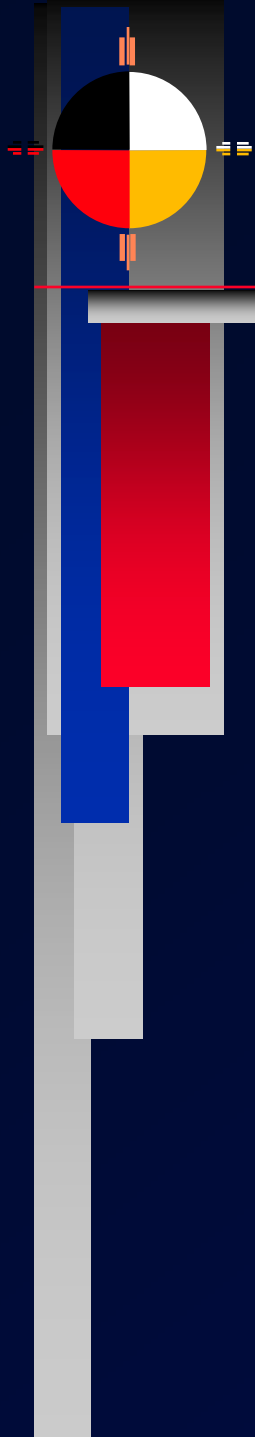
Teddra Penland, DNS Staff

Georgianna Old Elk, IHS Scholarships



Hot Topics @ HQE

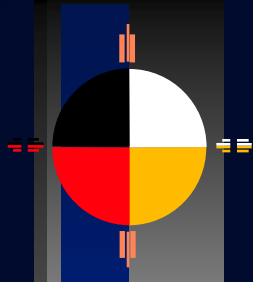
- Emergency Preparedness
 - FEMA's IS 100, 200, 700, 800
 - Deployments
- Pandemic Flu Planning
- BIA Collaboration
 - School Based Health
 - Jail Health
 - Domestic Violence
 - Meth
- Director's Initiatives



Director's Chronic Disease Initiative

Purpose:

- Re-engineer the clinical programs to effectively manage chronic disease.
- Link community and clinical prevention activities.
- Promote informed, motivated patients and proactive, supportive health care teams.



Director's Chronic Disease Initiative

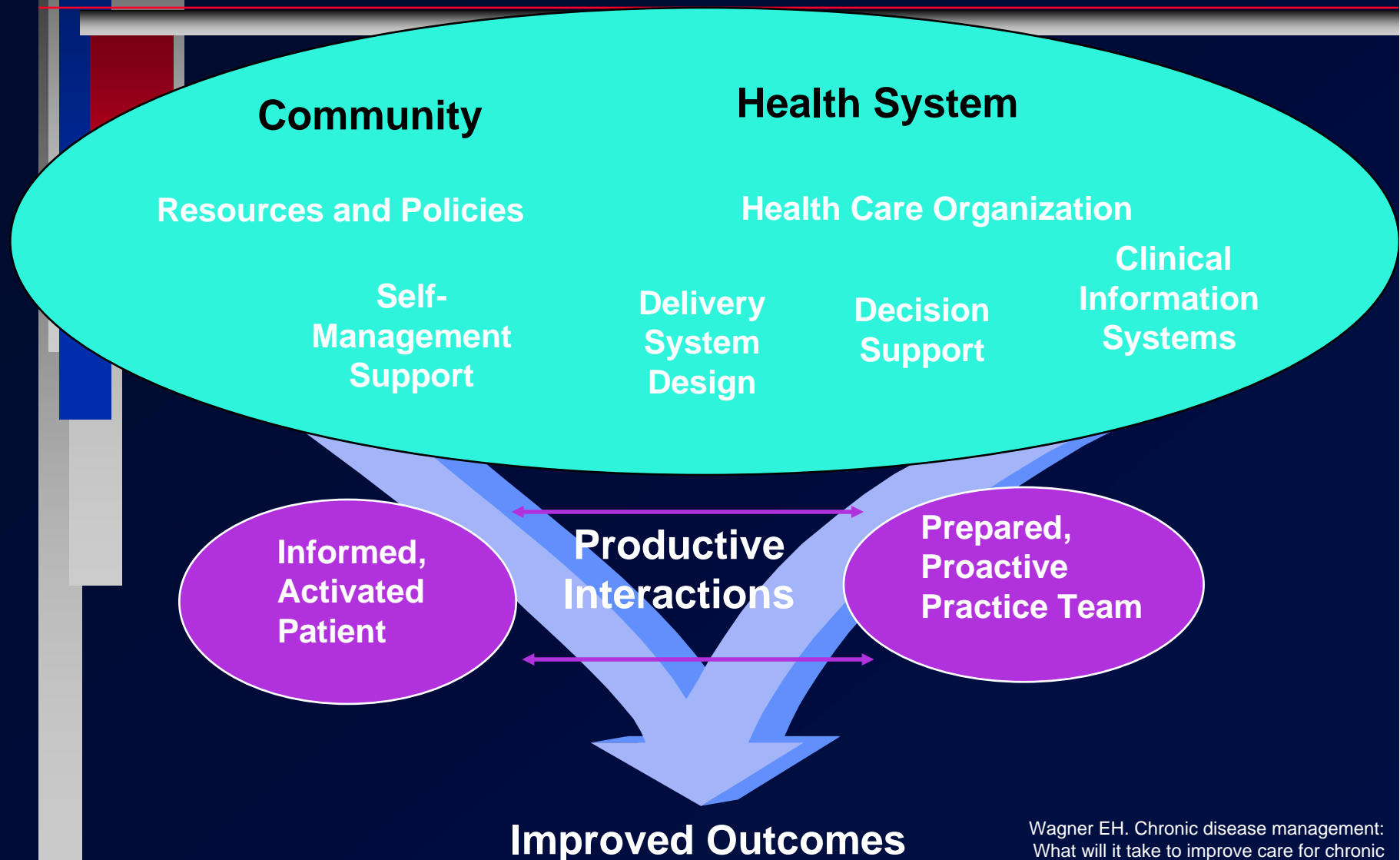
Status:

- Strategic Plan developed using Chronic Care Model
- Implement 4 IHS pilot sites in FY 06 and additional tribal pilot sites in '07
- Partner with Institute for Healthcare Improvement

Contact:

Dr. Charles (Ty) Reidhead, Whiteriver Service Unit
Charles.Reidhead@ihs.gov

Chronic Care Model



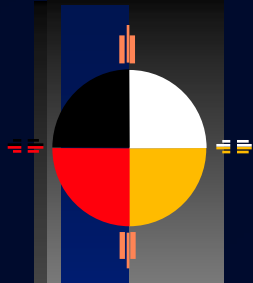
Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1:2-4.



Director's Health Promotion/Disease Prevention Initiative

Purpose:

- Reduce health disparities among Indian people through a coordinated and systematic approach to enhance preventive health approaches.
- Create healthier AI/AN communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs.



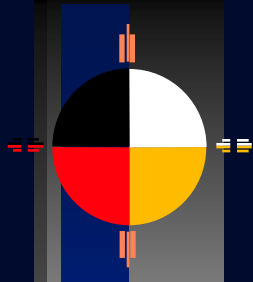
Director's Health Promotion/Disease Prevention Initiative

Status:

- Policy Advisory Committee and Prevention Task Force are guiding initiative
- Strategic plan is being developed.
- HP/DP coordinators in all 12 IHS Areas
- Creating and expanding partners
- Developing HP/DP best practices
- Building capacity for effective health promotion practices at local level
- Conducted Healthy Indian Communities Fellowship ~ 45 ind., 15 teams in FY 2005 & 2006
- Promoting and adopting environmental, school, and worksite policies
- Created clearinghouse of best practices, resources, training, and community assessment tools on website

Contact:

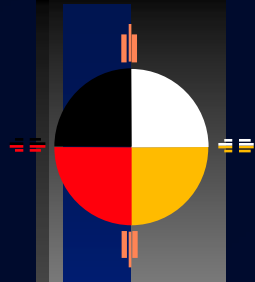
Ms. Alberta Becenti, IHS Headquarters
Alberta.Becenti@ihs.gov



Director's Behavioral Health Initiative

Purpose:

- Promote the creation and operation of community and implemented programs to improve the behavioral health of AI/ANs
- It is a multi-year program that facilitates a community driven and community owned strategic plan to improve health in Indian Country, Area by Area, community by community
- IHS Division of Behavioral Health providing national resources, networks, advocacy, and technical assistance to Areas to further those community efforts.



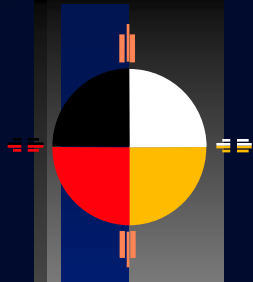
Director's Behavioral Health Initiative

Major Focus Areas for IHS DBH:

- Methamphetamine Reduction
- Suicide Prevention
- Child Protection
- BH-MIS Development

Contact:

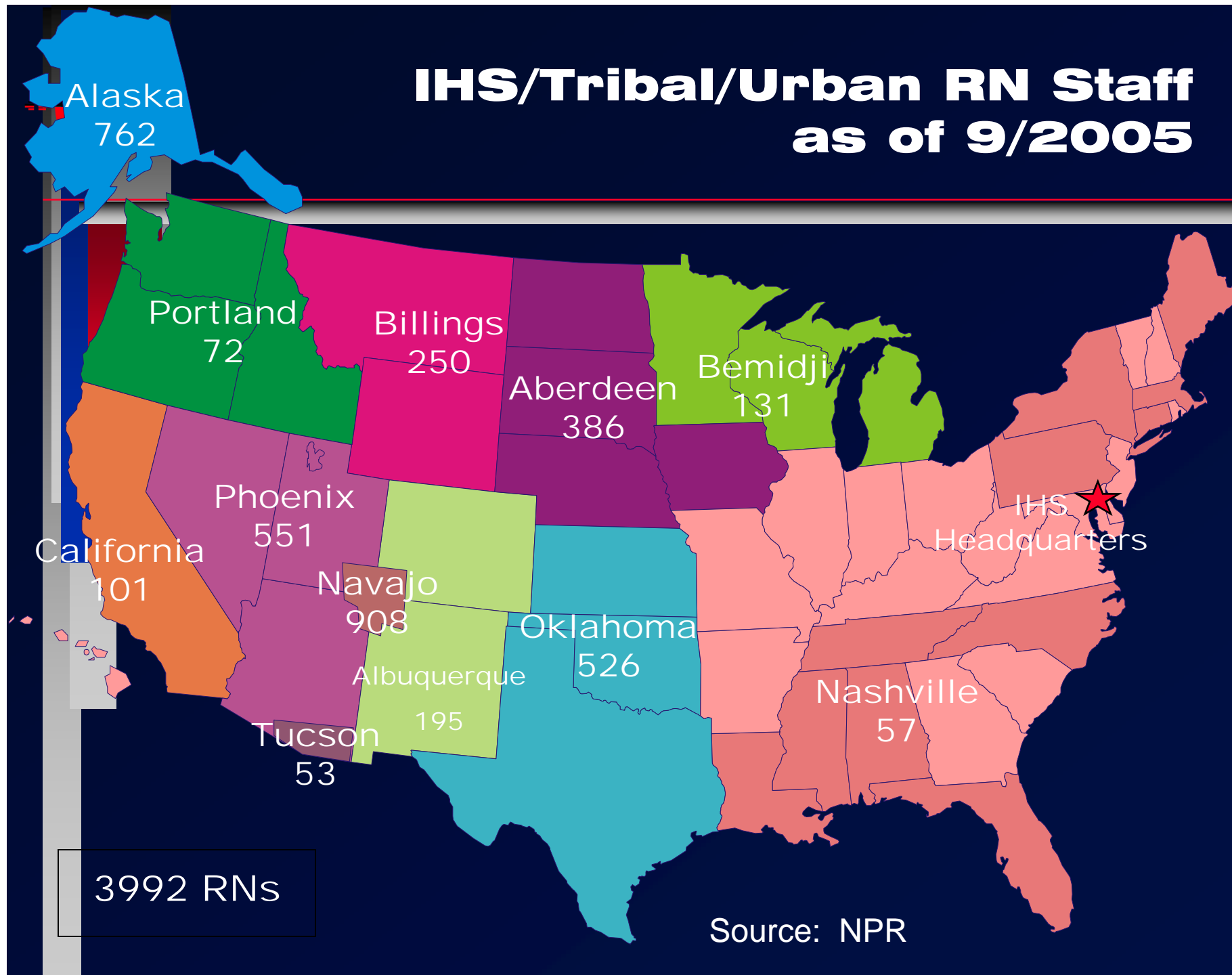
Gary Quinn, IHS Headquarters
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Hot Issues in Nursing

- Nursing Retention
- NNLC Strategic Plan
- NNLC-NCONA transformation
- RRM
- Chapter 4
- Building External Alliances and Partners

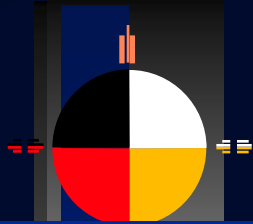
IHS/Tribal/Urban RN Staff as of 9/2005



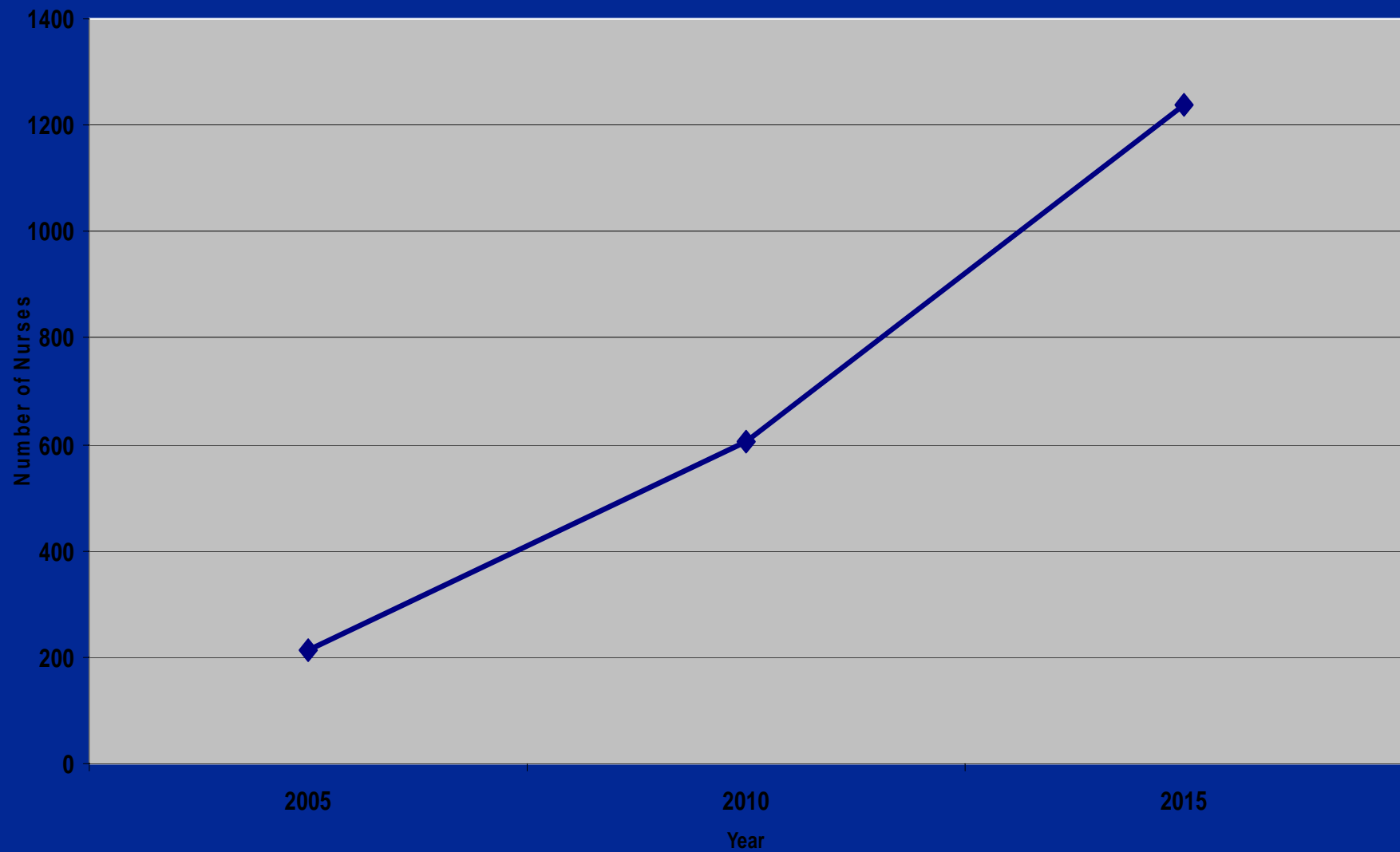


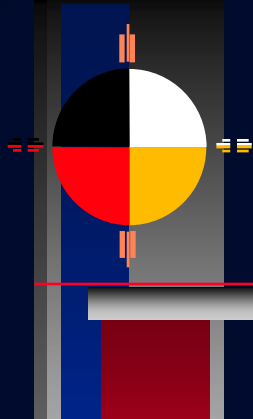
Ethnicity

		Total	% of Nsg workforce
AI / AN		1,186	48%
All other races		1,333	52%
⑩ Asian	23		
⑩ African American	37		
⑩ Hispanic	72		
⑩ White	1201		

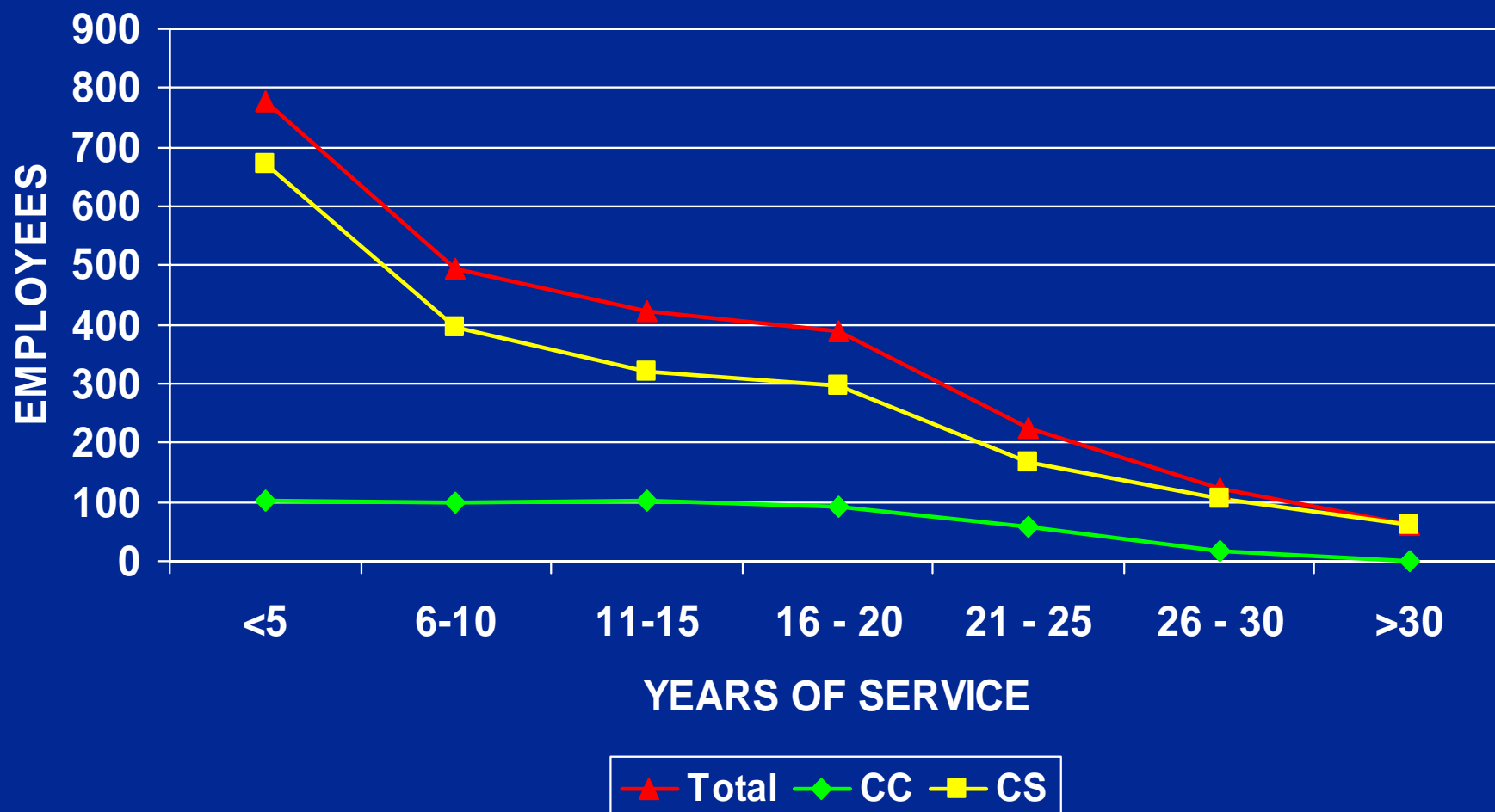


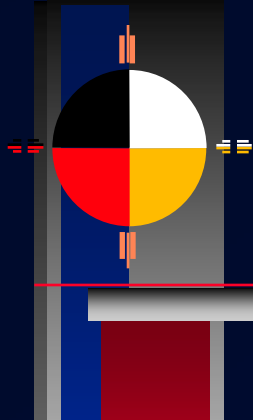
Retirement Eligible by Age 62 (IHS)



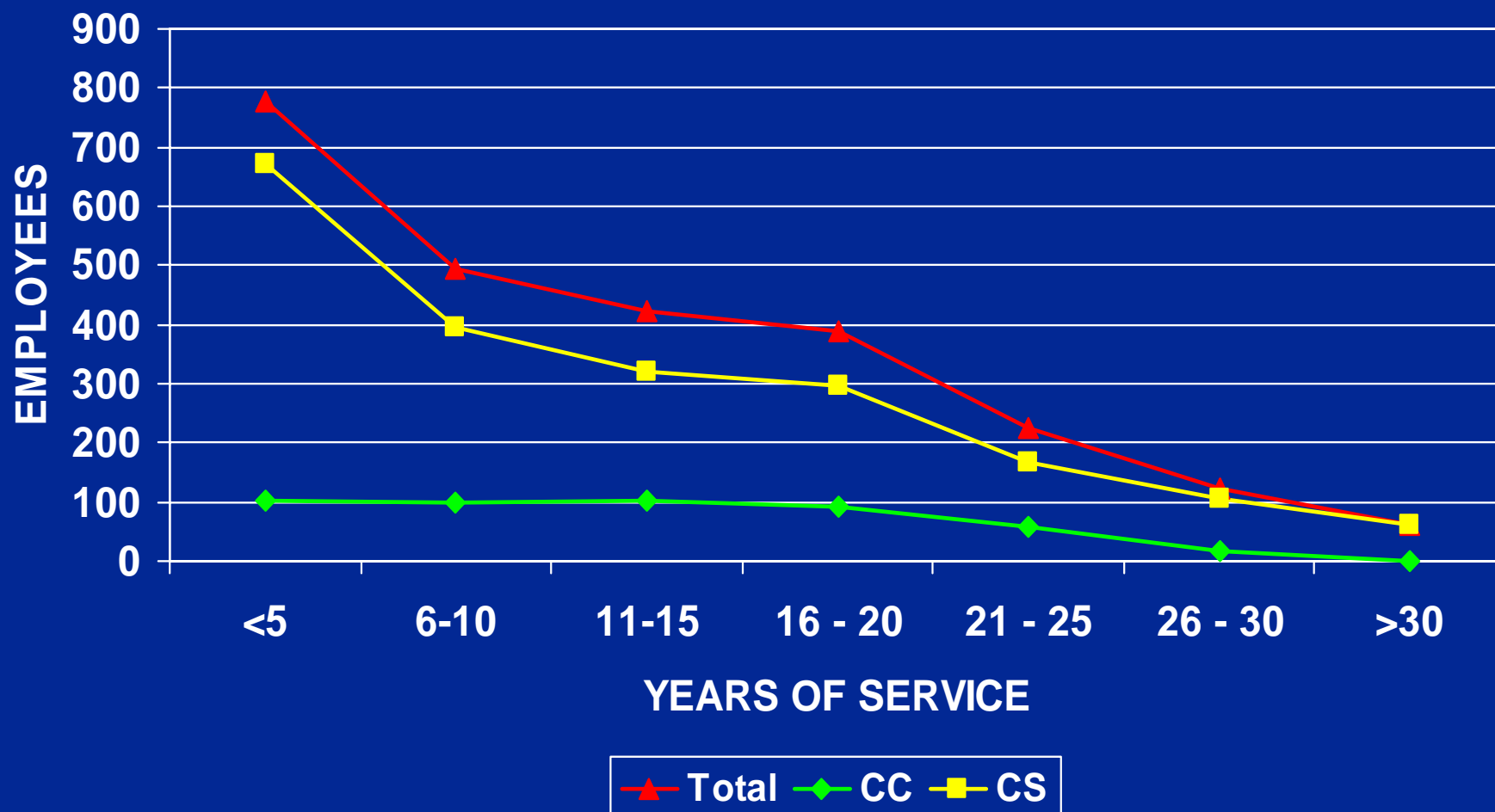


Length of Service Various Professions as of 10/2005





Length of Service - IHS Nurses as of 10/2005





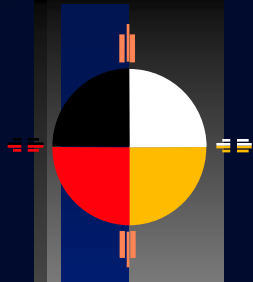
Section 112 Programs as of 11/2005

Nursing School	Students in Program	To Graduate 2006	Graduated	Employed		
				I	T	U
ASU	(Full Report Pending)	4				
MSU	8	8	4	3		
SDSU	5	5	5	1	1	
UMN	11	8				
UND	(Report pending)					
OU	4	4	26	17	3	3



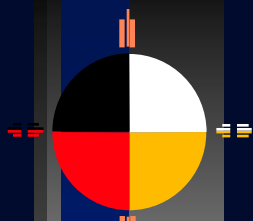
437 PRENURSING STUDENTS

<i>AREA</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>Total</i>
Aberdeen			4			4
Alaska		1	3			4
Albuquerque			1	1		2
Bemidji			2			2
Billings			2			2
Navajo			3		1	4
Oklahoma		1	1		1	3
Phoenix			1			1
Portland			2			2
TOTAL	0	2	19	1	2	24



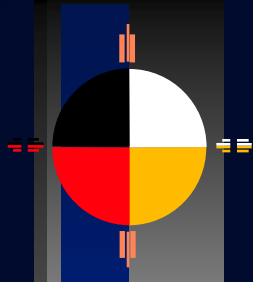
437 SCHOLARSHIP ADN OBLIGEE'S

AREA	04	05	06	07	<i>TOTAL</i>
ABD	0	0	1	1	2
AK	0	0	0	1	1
CA	0	0	1	0	1
NAV	0	1	8	2	11
OK	0	0	5	1	6
<i>TOTAL</i>	<i>0</i>	<i>1</i>	<i>15</i>	<i>5</i>	<i>21</i>



437 SCHOLARSHIP BSN OBLIGEE'S

<i>AREA</i>	<i>04</i>	<i>05</i>	<i>06</i>	<i>07</i>	<i>08</i>	<i>09</i>	<i>TOT</i>
ABD	1	2	4	3			10
AK		1	3				4
ABQ			3	2			5
BEM			1	3			4
BIL				2			2
INMED			3				3
NAV		2	7	1	1		11
OK		1	6	1		1	9
PHO			1				1
<i>TOT</i>	<i>1</i>	<i>6</i>	<i>28</i>	<i>12</i>	<i>0</i>	<i>2</i>	<i>49</i>



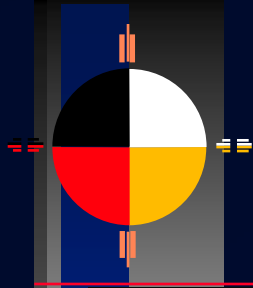
Loan Repayment

- RN's funded in FY 2005: 110
 - 100 new and 10 extensions
 - Not including APNs which was 24
 - 19 FNP's and 5 CNM's
- Number of RN applications unfunded: 120
 - 65 matched and 55 unmatched
 - Does not include APNs
- Number of APN's carried over from 2005 to 2006: 6 (1 CNM and 5 FNP's)
- Number of APN's funded in 2006: So far 8 (1 CNM and 7 FNP's) scores of 70 and above
- Number of APN's unfunded: 24
- Total Amount of funding for RNs & APNs:
 - 2005 = \$4,438,300 (does not include PAs)
 - 2006 = \$4,206,500 (includes PA's)
- Number of AI/AN nurses funded for LRP: 28 (27 RN's and 1 FNP)



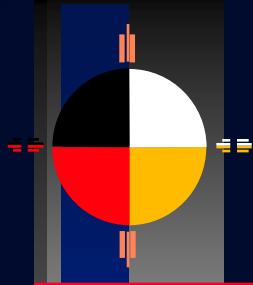
LOAN REPAYMENT

<i>DISCIPLINE</i>	<i>NEW AWARDS</i>	<i>EXTENSIONS</i>	<i>TOTAL</i>
Physician	35	71	106
<i>NURSE</i>	<i>100</i>	<i>10</i>	<i>110</i>
Mental Health	21	22	43
Dentist	41	65	106
Pharmacist	46	24	70
Optometrist	4	21	25
PA/APN	23	6	29
Podiatrist	5	11	16
Physical Therapist	2	9	11
Other Professions	16	4	20
<i>TOTAL</i>	<i>293</i>	<i>243</i>	<i>536 (800+)</i>



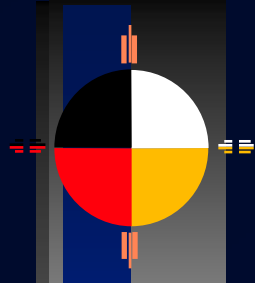
Loan Repayment Scores & Nurse Position Report

- Each facility is responsible for submitting a nurse staffing report quarterly online
- Loan repayment site scores are calculated for each facility based on the nurse position report



Other Programs

- **Commissioned Corps**
 - **COSTEP**
 - **Nurse Accession Bonus**
 - **CRNA Special Pay**
 - **CRNA LTT**
 - **Transformation & Deployments**
 - **Warrant Officer Program**
- **Section 118 NECI**



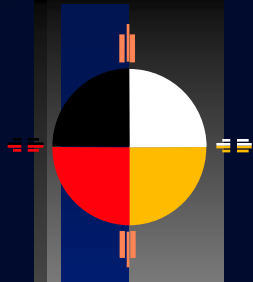
Vacancy Rates for Selected Health Professions

■ Dental	25%
■ Nursing	18%
■ Optometry	13%
■ Medicine	11%
■ Pharmacy	9%



I/T/U Nursing Workforce

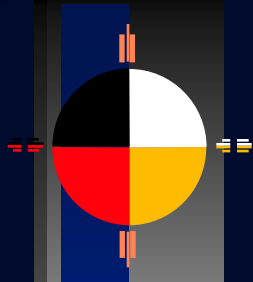
	1989	2004	2005	'04→'05 VR
RN	1,835	3010	3551	15→17%
PHN	259	490	347	10→18%
LPN	578	720	646	9→12%
APN	78	400	441	15→21%
Total	2750	4620	4985	



Vacancy Data

April 2005-March 2006

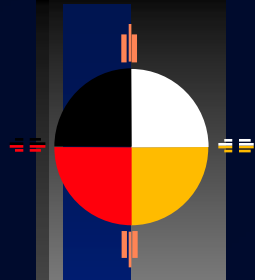
CATEGORY: RN	Average # Positions	Average Vacancy Rate	COMMENTS	
			Accessions	Separations
<i>CATEGORY: APN's</i>				
Nurse Practitioners	250	16%	19	20
CNMs	69	7%	6	7
CRNA	48	28%	1	6
<i>SUB-TOTAL: APN'S</i>	366	16%	159	207



Vacancy Data

April 2005-March 2006

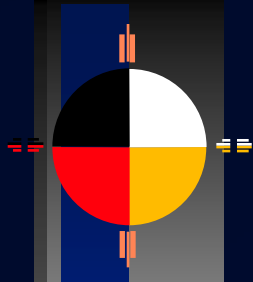
CATEGORY: RN	Average #	Average	COMMENTS	
	Positions	Vacancy Rate	Accessions	Separations
<i>SUB-TOTAL: RN</i>	3063	17%	602	634
<i>SUB-TOTAL: APN'S</i>	366	16%	159	207
<i>GRAND-TOTAL RN/APN</i>	3431	17%	640	673



Vacancy Data

April 2005-March 2006

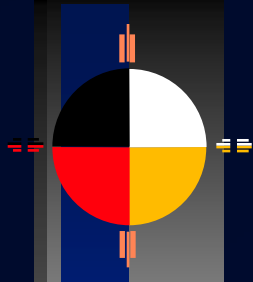
CATEGORY: RN	Average # Positions	Average Vacancy Rate	COMMENTS	
			Accessions	Separations
Medical / Surgical	427	17%	94	108
Generalists	179	18%	37	53
Public Health Nurse	287	18%	33	57
Nurse Educator	50	18%	10	10
Diabetes Nurse	135	13%	11	9
Ambulatory Care Nurse	488	15%	103	117
Pediatric Nurses	106	12%	16	16
Psychiatric Nurses	12	37%	0	0
Nurse Specialist	175	11%	13	13



Vacancy Data

April 2005-March 2006

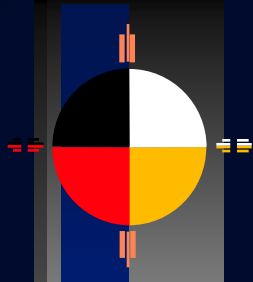
CATEGORY: RN	Average # Positions	Average Vacancy Rate	COMMENTS	
			Accessions	Separations
Obstetric Nurses	269	19%	49	46
ICU	144	20%	37	32
ER	152	19%	72	59
OR	152	19%	28	40
PACU	39	13%	16	7



Vacancy Data

April 2005-March 2006

CATEGORY: RN	Average # Positions	Average Vacancy Rate	COMMENTS	
			Accessions	Separations
Chief Nurse Administrator	79	13%	13	14
Supervisory Clinical Nurse	260	13%	82	49



Senior Nurse Consultant, Clinical Nursing & Recruitment

Advocacy for the recruitment and retention of Indian Health professional nurses

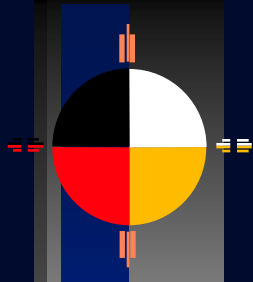
Management and administration of the Nursing School Grant Program & the Nurse Education Program

Integral to the ranking of Indian Health facilities for LRP

Selection of COSTEPS

Nursing expertise for new facility planning and allocation of nursing positions

Interfaces with OCCO, Nurse Applicant Committee and the Associate Recruiter Program for the Commissioned Corps.



BOTTOM LINE

- Insufficient # of nursing students in the 437 & 112 Programs to replace Indian Health existing nursing workforce
- Inconsistent utilization of the Three R's
- Insufficient LRP funding for the nursing category
- National PD, Pay Grade & Billet inconsistencies
- Funding required to implement Mentorship & Preceptor Programs nationwide



What Drives Nurses Away?

- **Unpredictable/unstable schedules**
- **Large amounts of overtime**
- **Understaffing**
- **Stress**
- **Physical demands-injuries**
- **Unresponsive Administrators**
- **Lack of rewards**
- **Lack of advancement**
- **Unsafe working conditions: abuse & violence**



Nursing Strategic Management of Human Capital

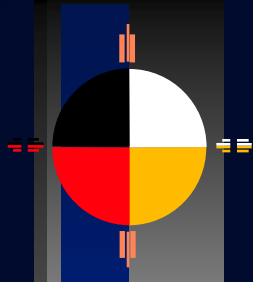
Preceptor Program

- **Mentorship Program**
- **HQE Nursing Positions**
- **Advanced Practice Nurses**
- **Forces of Magnetism**



Improving Patient Outcomes

- Increased Nurse staffing results in improved patient outcomes:
 - Decreased LOS
 - Decreased UTIs
 - Decreased Hospital Acquired Pneumonia
 - Decreased UGI Bleed
 - Decreased Failure to Rescue
- (Needleman, et. Al. 2006)



Strategies for Retention

- **Maximum flexibility in scheduling**
 - 3 to 12 hour shifts
 - Self-scheduling
- **Growing your own through education**
 - Paid time off
 - Tuition reimbursement
- **Adopting the “Forces of Magnetism”**
- **Facilitate career development**
- **Orientation**
- **Mentorship**
- **Preceptorship**